OTY OF SEORGETOWN UTILITY BILLING EQUALIZED MONTHLY PAYMENT AND BANK DRAFT

The City of Georgetown has established an Equalized Payment Program for use by its residential utility customers.

Customers enrolled in the program will pay the same amount each month, based on the previous twelve (12) months of utility service.

The City will continue to read meters each month and will provide full usage information on the bill.

Why should you switch to the New Equalized Monthly Payment Program?

- No more wondering and guessing what your utility bill will be, making it easier to plan monthly expenses.
- No large fluctuations between winter and summer bills.
- If you will be out of town when your bill is due, you'll know the amount to pay in advance.

Who is eligible?

- A homeowner with at least a 12-month history with the City of Georgetown.
- A customer with a good payment history.
- Your account must be current to begin Equalized Payments.

How it works?

- Your equalized payment amount is based on your average monthly bill from the previous twelve months.
- You still pay for all of the services that you use, but the payments are spread equally over a 12-month period.
- Your 12th bill will reflect the variance between your actual charges and your Equalized payments for the year. This variance may be a credit or an outstanding balance.
- Customers can also sign up for Bank Draft Service in addition to Equalized Payments; this will allow your monthly payment to be automatically taken out of your checking or savings account.

The City also has a **Bank Draft Program** that would allow us to draft your checking or savings account monthly on the date that your utility bill is due. This could be very beneficial to you now that you would know what your payment amount would be for the next eleven (11) months. Please complete the Bank Draft form if interested.

Please return the attached form(s) to our Customer Service Representative or call (843) 545-4044 for additional information

Customer Signature

Date

OTY OF GEORGETOWN UTILITY BILLING EQUALIZED MONTHLY PAYMENT

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in effect min revoken by in	I authorize you to deduct from my che agree that each payment shall be the san in effect until revoked by me in writing.	Checking account number _	Name and address of customer's bank	В	Customer Signature	I understand that no pa understand that if my bank r	I understand that my on my bill. Failure to pay b balance will be billed or cre	I understand that the Equalized Payr at the service location above. I also ur variances over \$500.00 may be adjusted.	I hereby make applica the City of Georgetown, as s	Please initial beside each statement below	Telephone Number:	Service Address:	Account Number:	Customer Name(s)	Date:	
	om my checking or savings accou Il be the same as a check personally in writing.	(or) Savir	stomer's bank	BANK DRAFT AUTHORIZATION (please include a voided check)	Date	yment extensions or deferments co eturns a check or bank draft unpai	I understand that my Equalized Payment amount must be paid by the <i>due da</i> on my bill. Failure to pay by the due date will terminate this Equalized Payment agrabalance will be billed or credited to my account and applied to my next month's bill.	qualized Payment amount is based c e. I also understand that my acc be adjusted.	I hereby make application for Equalized Payment for purposes of the City of Georgetown, as set forth in a separate application for service	stement below:						
	I authorize you to deduct from my checking or savings account the amount of my monthly utility bill and I agree that each payment shall be the same as a check personally signed by me. This authorization shall remain in effect until revoked by me in writing.	(or) Savings Accountt number		ORIZATION led check)	Equalized Payment Monthly Amount (For office use only)	I understand that no payment extensions or deferments can be made while on Equalized Payment. I also understand that if my bank returns a check or bank draft unpaid, this agreement will also be terminated.	I understand that my Equalized Payment amount must be paid by the <i>due date</i> each month, as noted on my bill. Failure to pay by the due date will terminate this Equalized Payment agreement and a settlement balance will be billed or credited to my account and applied to my next month's bill.	I understand that the Equalized Payment amount is based on the past 12 months of utility service received e service location above. I also understand that my account will be monitored and any accumulated nees over \$500.00 may be adjusted.	I hereby make application for Equalized Payment for purposes of paying for utility service provided by ity of Georgetown, as set forth in a separate application for service.							